



PATIENT	PRESENTING CLINICAL SIGNS
Pastrami Beepat	VOMITING AND NOT EATING, THE PET WAS RESPONSIVE TO CERENIA INJECTION. STOPPED VOMITING BUT ANOREXIA STILL
SPECIES	Abnormal PE/Chem/CBC/UA Results: BLOOD WORK - WNL RADIOGRAPHS- SHOWS OPACITY IN THE CRANIAL ABDOMINAL AREA
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
SEX	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.
Neutered Male	Adrenal Glands
AGE	No overt pathology in the area of the left and right adrenal glands.
12 Years	Spleen
WEIGHT	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
11 Pounds	Liver
INTERPRETED BY	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal
IMAGING PERFORMED BY	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained primarily anechoic fluid and minor non-specific, non-shadowing ingesta noted in the area of the pylorus. Pylorus wall measured 0.37 cm.
Dr. Sharkaway	The small intestine presented intact wall layering with subjective primarily maintained muscularis/mucosa ratio with segmental intestine exhibiting mild mural hypertrophy with propensity for prominent muscularis layer and subtle indistinct wall layering subjectively in the mid to caudal abdomen. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Normal appearing small intestine measured 0.28 cm wall width. Segmentally thickened intestine measured up to 0.36 cm in width. No overt evidence of small intestinal mechanical obstruction or foreign material.
HOSPITAL NAME	DATE
Kew Gardens AH	Normal visible colon wall layers were present with apparent formed feces in lumen.
REFERRING VET	
Dr. Sharkaway	
INVOICE	
35935	
DATE	
2/27/22	



PATIENT

Pancreas

Pastrami Beepat

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

Free Abdomen

Feline

No evidence of significant lymphadenopathy. Subjective mild segmental peri intestinal reactive mesentery noted. Focal to intermittent pocket of very scant peritoneal free fluid noted.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Urinary bladder sediment
- Non-specific chronic renal changes
- Gastritis with mild retained gastric fluid and focal non-specific non-shadowing ingesta
- Segmentally thickened intestine

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Years

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

WEIGHT

11 Pounds

Minor potential for small hairball density in the stomach, yet this did not appear to be obstructive and is likely incidental if history of previous hairball. The overall small intestine may indicate segmental enteritis, infiltrative enteropathy with considerations including inflammatory infiltrative enteropathy (i.e., IBD/eosinophilic enteritis) or neoplastic infiltrative enteropathy with round cells such as lymphoma, both of which may present in similar sonographic manner.

INTERPRETED BY

Potential for low-grade to chronic pancreatitis, yet sonographically normal. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Full thickness intestinal biopsies would be required for definitive diagnosis. No overt evidence of obstructive foreign body or mechanical ileus. Empirically, and pending GI panel, continued as needed gastrointestinal support +/- conservative IBD protocol would be reasonable. Recheck sonogram to assess for progressive inflammatory gastrointestinal mural changes may be considered pending clinical response to conservative therapy, and if biopsies are not elected.

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

Kew Gardens AH

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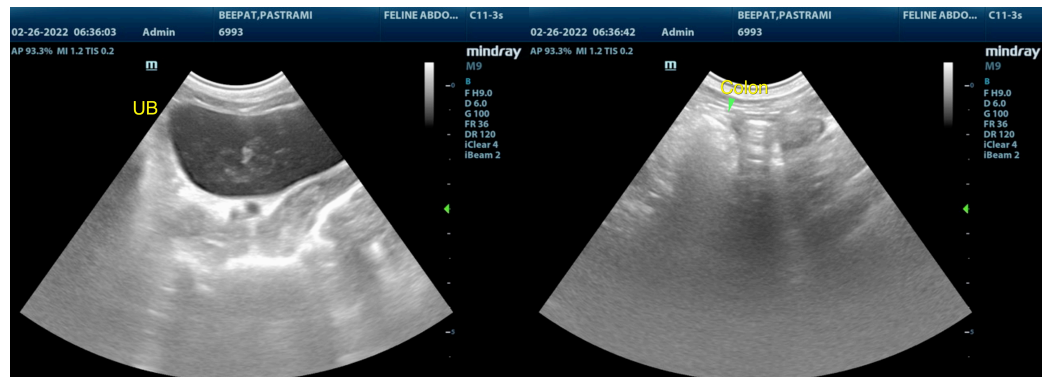
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PATIENT

Pastrami Beepat

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 Pounds

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HOSPITAL NAME

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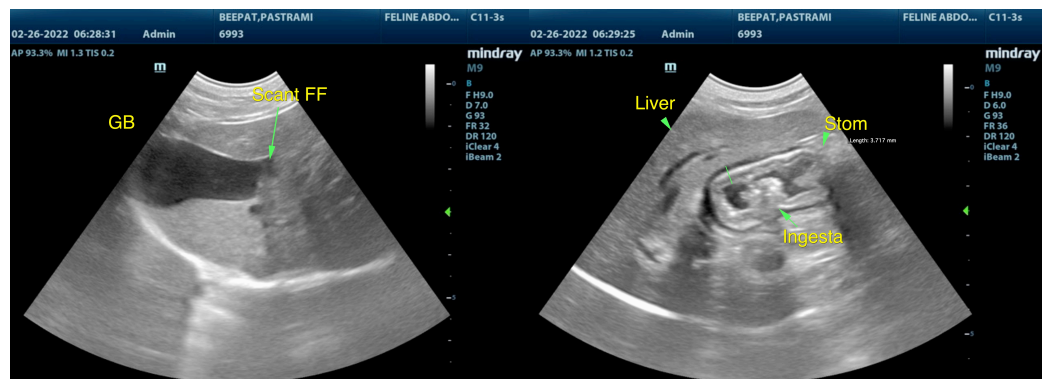
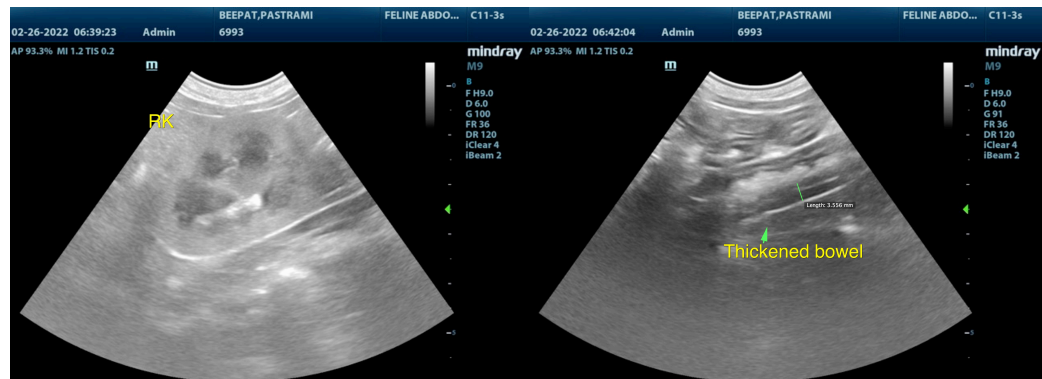
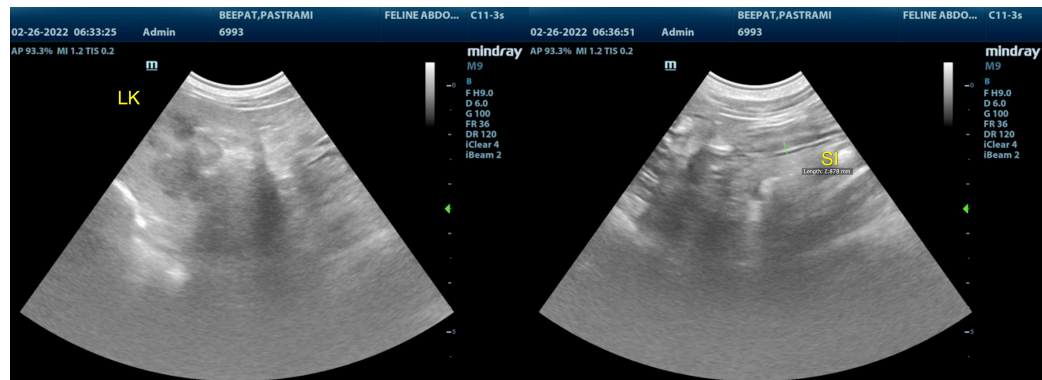
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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